## BIRON, STEWART, KOLASCH BIRCH, LLI

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO.

Date of filing (Month/Day/Year)

(Status - patented), pending, abandoned)

| FOR PATENT AND DESIGN APPLICATIONS  |
|---|
| As a below named inventor, I hereby declare that: my residence, post office address and citizenship are a           |
| stated field to my name; that I verily believe that I am the original first and sole inventor (if any one inventor) |
| is named oclow) or an original, first and joint inventor (if plural inventors are named below) of the cubics        |
| matter which is claimed and for which a patent is sought on the invention existed.                                  |

Insert Title:

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[a][ormation:

(Happropriate)

FILTERING CONTROL METHOD FOR IMPROVING IMAGE QUALITY OF BI-LINEAR INTERPOLATED IMAGE

Fill in Appropriate
Information For Use Without
Specification
Attached:

|  | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------------------|
| c specification of which is attached hereto. If not attached hereto, |                                       |
| the specification was filed on                                       | as                                    |
| United States Application Number                                     | ; and /or                             |
| the specification was filed on                                       | as PCT                                |
| International Application Number                                     | and was                               |
| amended under PCT Article 19 on                                      | (if applicable)                       |

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which

priority is claimed:

(Application Number)

| pplication(s) listed below.                | maci ille 55, Officed | awies cons, Sila(s) of suh Du   | ited States bi | 'Ovisiona |
|--|-----------------------|---------------------------------|----------------|-----------|
| I hereby claim the benefit to              | under Title 35 United | States Code, §119(e) of any Un  | 103            | 140       |
| (Number)                                   | (Country)             | (Month/Day/Year Filed)          | Yes            | No        |
| · ·  |                       |                                 |                |           |
| (Number)                                   | (Country)             | (Month/Day/Year Filed)          | L.)<br>Yes     | ⊔<br>No   |
|  | (Country)             | (Month/Day/Year Filed)          | Ycs            | No        |
| (Number)                                   | (Cat)                 | Character (Thomas Associated to |                |           |
| (Number)                                   | (Conntry)             | (Month/Day/Year Filed)          | Yes            | No        |
| (Number)                                   | - d                   | •                               | . 🗆            |           |
| (Number)                                   | (Country)             | (Month/Day/Year Filed)          | Yes            | No        |
|  |                       | <u>10/21/19</u> 99              | <b>E</b>       |           |
| Prior Foreign Application (s<br>45805/1999 | "/<br>                | •                               | Priority       | Claime    |

Insert Provisional Application(s): (if any)

(Application Number)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:

Application No.

Insert Requested Information: (if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Insert Prior U.S.
Application(s):
(if any)

| Application Number) | (Filing Date) | (Status - patented, pending, abandoned) |
|---------------------|---------------|---|
|                     |               |   |

(Filing Date)

I hereby point the following attorneys to prosecute the plication and/or an international application based on this plication and to transact all business in the limit and Trademark Office connected therewill and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorney with a written notice to the contrary:

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Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| # H 1974                               | the validity of the ap   | pplication or any patent    | t issued thereon.                |                         |              |
|--|--|-----------------------------|----------------------------------|-------------------------|--------------|
|  |  |                             |                                  |                         |              |
| Full Hame of First or Sole             | GIVEN NAME<br>Min-Cheol  | FAMILY NAME<br>HONG         | INVENTOR'S SIGNATURE             |                         | DATE -       |
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| Inheit Post Office                     |  |                             |                                  |                         | Seoul, Korea |
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| Full Name of Fourth Inventor, if my    | GIVEN NAME   | FAMILY NAME                 | INVENTOR'S SIGNATURE             |                         | DATE         |
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| Full Name of Fifth<br>laventor, if any | GIVEN NAME   | FAMILY NAME                 | INVENTOR'S SIGNATURE             |                         | DATE         |
| see above                              | Residence (City, State &   | 3 Country)                  |                                  | CITIZENSHIP             |              |
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|  |  |                             |                                  |                         |              |

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\* DATE OF SIGNATURE